BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY INSTRUCTIONS TO CLAIMANT

- A. A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action. (Gov. Code § 911.2.)
- В. Claims must be files with the Clerk of the Board of Supervisors at its office in Room 106, County Administration Building, 651 Pine Street, Martinez CA 94553.
- C. If claim is against a district governed by the Board of Supervisors, rather than the County, the name of the District should be filed in.
- If the claim is against more than one public entity, separate claims must be filed against each D. public entity.

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E.	Fraud- See penalty or fraudulent claims, Pen	al Code Sec. 72 at the end of this form.	
RE:	Claim By:))	Reserved for Clerk's filing stamp	
Agair	nst the County of Contra Costa or)		
(Fill i	District) n the name)		
	ndersigned claimant hereby makes claim again et in the sum of \$ and in support of	st the County of Contra Costa or the above-named f the claim represents as follows:	
1.	When did the damage or injury occur? (Give exact date and hour)		
2.	Where did the damage or injury occur? (Include city and county)		
3.	How did the damage or injury occur? (Give full details; use extra paper if required)		
4.	What particular act or omission on the part of county or district officers, servants or employees caused the damage or injury?		

6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attach two estimates for auto damage.)

What are the names of county or district officers, servants or employees causing the damage or

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injury?

7.	How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.)		
8.	Names and addresses of witnesses, doctors and hospitals:		
9.	List the expenditures you made on account of the accident or injury:		
	<u>DATE</u>	<u>TIME</u>	<u>AMOUNT</u>
))	Gov. Code Sec. 9110.2 provides "The claim shall be signed by the claimant or by some person on his behalf.
SEND NOTICES TO: (Attorney) Name and address of Attorney			(Claimant's Signature)
))_)	(Address)
Telephone No)_)^_	Геlephone No
is sub Furth	oject to public d termore, any att	at this claim form, or any isclosure under the Califo	CORDS NOTICE: claim filed with the County under the Tort Claims Act prnia Public Records Act. (Gov. Code §§ 6500 et seq.) supplements attached to the claim form, including closure.
		N	OTICE:
Section	on 72 of the Per	nal Code provides:	

Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account voucher, or writing, is punishable either by imprisonment in the County jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000.000, or by both such imprisonment and fine.